IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Art Unit:	2629
Xuanming Shi		
Serial No: 10/500,479	Examiner:	Chowdhury, Afroza Y.
Confirmation No.: 4490		
Filed: March 25, 2005		I hereby certify that this correspondence
For: AN ELECTRONIC WHITEBOARD HAVING FLEXIBLE		is being transmitted via electronic filing to:
MEMBRANE ELECTROMAGNETIC INDUCTION		Mail Stop Amendment
GENERATING DEVICE		Commissioner for Patents
		P.O. Box 1450
Mail Stop Amendment		Alexandria, VA 22313-1450
Commissioner for Patents		April 25, 2008
P.O. Box 1450		Date of Deposit
Alexandria, VA 22313-1450		Vivian Gut ierrez
Dear Sir:		Willan Gutieus 04/25/2008
Transmitted herewith is an Amendment for the above-identified a	pplication:	Signature Date

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	6	-			LG=\$50 SM=\$25	\$	\$
INDEPENDENT CLAIMS FEE	1	-	***		LG=\$210 SM=\$105	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$870 SMALL ENTITY FEE = \$185						\$	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS					\$		
						TOTAL	\$

If the entry in Col. 1 is less than the entry in Col. 2, write "or in Col. 3.
If the "Highest Number Previously Paid or in THIS SPACE is less than 20, write "20" in this space.
If the "Highest Number Previously Paid For In THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For In THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For In THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For "(Total or independent) is the highest number found from the equivalent took not col. 10 a prior amendment or the number of claims originally filed.

A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

Please charge our Deposit Account No. 50-1314 in the amount of \$_____ to cover a one-month extension fee. A copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any deficiencies of fees associated with this

communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17 Respectfully submitted.

Dated: April 25, 2008

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Huep-Yi Lin Registration No. L0061 Attorney for Applicant

HOGAN & HARTSON L.L.P.

WLA - 088538/000001 - 384839 v1